Recipient Committee Campaign Statement Cover Page	Type or print in ink.	ink	P SINGE	CALIFORNIA 460 FORM
(Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period from $07/01/2010$ $12/31/2010$ through	Date of election if applicable: (Month, Day, Year)	CITY OF SANTAL	Page 1 of 5 For Official Use Only
1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.	ttees – Complete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	ation)	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Friends Of Mike Cordero	1.D. NUMBER 1307852 MMITTEE)	Treasurer(s) NAME OF TREASURER Kinde Durkee MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX) 1212 S Victory Blvd CITY Burbank CA 91502 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	ZIP CODE AREA CODE/PHONE 91502 (818) 260-0669 OR P.O. BOX	IZIZ S VICTOIY BIVO CITY Burbank NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS	STATE	ZIP CODE AREA CODE/PHONE 91502 (818) 260-0669
CITY STATE OPTIONAL: FAX / E-MAIL ADDRESS	ZIP CODE AREA CODE/PHONE	GITY OPTIONAL: FAX / E-MAIL ADDRESS	STATE	ZIP CODE AREA CODE/PHONE
Have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under the laws of the State of California that the foregoing is true and correct. Executed on 01/17/2010 Execute	reviewing this statement and to the best of my knowledge f California that the foregoing is true and correct. By Kinde Durkee By Signature of Controlling of Signature o	iowledge the information contained herein and in the attace of the information contained herein and in the attace of the information of Treasure of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Cignature of Controlling Officeholder, Candidate, State Measure Proponent	nerein and in the attached sched Mreasurer Proponent or Responsible Officer of Sponson 9, State Measure Proponent	dules is true and complete. I certify
Executed on	By —	Signature of Controlling Officeholder, Candidate, State Measure Proponent PPP	tate Measure Proponent FPPC Toll-Free	nent FPPC Form 460 (January/05)

Recipient Committee Campaign Statement Cover Page — Part 2

0	ī
91	5
7 ∀I	9
ORNI ORM	7
CALIF	Page

COVER PAGE - PART 2

6. Primarily Formed Ballot Measure Committee	NAME OF BALLOT MEASURE	BALLOT NO. OR LETTER JURISDICTION SUPPORT	Identify the controlling officeholder, candidate, or state measure proponent, if any.	OFFICE SOUGHT OR HELD	7 Primarily Formed Candidate/Officeholder Committee List names of		NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGH ON HELD OPPOSE	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT ☐ OPPOSE ☐ OPPOSE	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD. SUPPORT OPPOSE OPPOSE	Attach continuation sheets if necessary
5. Officeholder or Candidate Controlled Committee	NAME OF OFFICEHOLDER OR CANDIDATE Mike Cordero	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council City Of Santa Maria District: n/a	Member RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP 1212 S Victory Blvd Burbank CA 91502	Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	COMMITTEE NAME I.D. NUMBER	NAME OF TREASURER CONTROLLED COMMITTEE? TYPES INO	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	CITY STATE ZIP CODE AREA CODE/PHONE	COMMITTEE NAME		COMMITTEE ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE

yn Disclosure Statement	y Page
gn Disck	ry Page
Campai	Summary

Type or print in ink.

SUMMARY PAGE

Campaign Disclosure Statement	Type or print in ink.		SUMMARY PAGE
Summary Page	Amounts may be rounded to whole dollars.	fro	Statement covers period CALIFORNIA 460 FORM
THE PROPERTY OF DEVELORE		through	12/31/2010 Page 3 of 5
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends Of Mike Cordero			1.D. NUMBER 1307852
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
Monetary Contributions	0.00	\$ 26700.00	General Elections 1/1 through 6/30 7/1 to Date
SUBTOTAL CASH CONTRIBUTIONS Nonmonetary Contributions TOTAL CONTRIBUTIONS RECEIVED	\$ 0.00	\$ 26700.00	20. Contributions Received \$
Expenditures Made 6. Payments Madeschedule E, Line 4	00.00	\$ 216.50	Expenditure Limit Summary for State Candidates
7. Loans MadeSchedule H, Line 3	0.00	\$ 216.50	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
Accrued Expenses (Unpaid Bills)	0.00	0.00	Date of Election Total to Date (mm/dd/yy)
10. Nonmonetary Adjustment	00.00	\$ 216.50	\$
Current Cash Statement 12. Beginning Cash Balance	391.41	To calculate Column B, add	\$
13. Cash Receipts	00.00	amounts in Column A to the corresponding amounts from Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
	\$ 391.41	report. Some amounts in Column A may be negative figures that should be subtracted from previous	
If this is a termination statement, Line 16 must be zero.		period amounts. If this is the first report being filed	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	for this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts 18. Cash Equivalents		from Lines Z, 7, and 9 (if any).	FPPC Form 460 (January/05)
19. Outstanding Debts Add Line 2+ Line 9 in Column B above	Đ	_	FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule B - Part 1 Loans Received

Friends Of Mike Cordero

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars. Type or print in ink.

07/01/2010

SCHEDULE B - PART 460 S ᢐ CALIFORNIA FORM I.D. NUMBER Page 4 Statement covers period through 12/31/2010 from

307852

CONTRIBUTIONS TO DATE PER ELECTION ** G2008 \$500.00 PER ELECTION**
G2008 PER ELECTION **
G2008 CALENDAR YEAR CALENDAR YEAR CALENDAR YEAR \$26200.00 \$26200.00 \$ 500.00 \$ 0.00 § 0.00 **04/12/2010**DATE INCURRED 08/04/2008 DATE INCURRED 08/27/2008 DATE INCURRED ORIGINAL AMOUNT OF LOAN ,1200.00 500.00 3128.89 (Enter (e) on Schedule E, Line 3) INTEREST PAID THIS PERIOD 0.00% 0.00% 0.00% RATE RATE \$ 0.00 \$ 0.00 _s 0.00 \$ 0.00 BALANCE AT CLOSE OF THIS PERIOD OUTSTANDING 22,871.18 \$ 21171.18 DATEDUE DATE DUE DATE DUE s 1200.00 500.00 s AMOUNT PAID OR FORGIVEN THIS PERIOD * ☐ FORGIVEN ☐ FORGIVEN 0.00 0.00 0.00 0.00 0.00 0.00 ☐ FORGIVEN □ PAID □ PAID □ PAID 0.00 49 RECEIVED THIS PERIOD AMOUNT ° 0.00 0.00 0.00 0.00 4 BALANCE BEGINNING THIS PERIOD OUTSTANDING SUBTOTALS 21171.18 1200.00 500.00 IF AN INDIVIDUAL, ENTER
OCCUPATION AND EMPLOYER
(IF SELF-EMPLOYED, ENTER
NAME OF BUSINESS) Santa Maria Police Catherine Kolnaski Santa Maria Police Music Teacher Department **Department** Lieutenant Lieutenant Magnet SCC သင္တ သ္တ FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PΤ F ۲ CA 93454 CA 93454 CA 93454 □ OTH OTH 1324 Ruby Court 1324 Ruby Court 1324 Ruby Court Linda Cordero Mike Cordero COM MOS [FIX IND COM Mike Cordero Santa Maria Santa Maria Santa Maria ΔN ND

Schedule B Summary

ဟ (Total Column (b) plus unitemized loans of less than \$100.) 1. Loans received this period......

Loans paid or forgiven this period (Include loans paid by a third party that are also itemized on Schedule A.) (Total Column (c) plus loans under \$100 paid or forgiven.) તં

Enter the net here and on the Summary Page, Column A, Line 2. က

OTH - Other (e.g., business entity) SCC - Small Contributor Committee (other than PTY or SCC) COM - Recipient Committee PTY - Political Party

0.00

(May be a negative number)

†Contributor Codes

0.00

IND - Individual

0.00

᠐

*Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

FPPC Form 460 (January/05) FPPC ToII-Free Helpline: 866/ASK-FPPC (866/275-3772)

SCHEDULE B-PART 1

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA 460 From 07/01/2010 Page 5 of 5 LD. NUMBER

				ŧ	through 12/31/2010	2010	Page 5	of 5
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends Of Mike Cordero							I.D. NUMBER 1307852	
FULL NAME, STREET ADDRESS AND ZIP CODE	TER LOYER ER	(a) OUTSTANDING BALANCE BEGINNING THIS	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCEAT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Mike Cordero	NAME OF BUSINESS) Lieutenant	PERIOD	1	□ PAID		800	00000	CALENDAR YEAR
1324 Ruby Court	orito di circhi			\$ 0.00	\$ 3828.82	NATE	\$ 3020.02	PER ELECTION**
Maria CA 93454	Department	\$ 3828.82	\$ 0.00	\$ 0.00	DATE DUE	\$ 0.00	09/02/2008 DATE INCURRED	\$ \$26200.00
IND COM COIH PIY COC				□ PAID				CALENDAR YEAR
				\$	w ,	RATE	В	\$PER ELECTION *
[es	69	(A)	DATE DUE	us.	DATE INCURRED	(A)
SCC COM COIN CINCOLOR				□ PAID				CALENDAR YEAR
				\$	S	RATE	49	PER ELECTION*
SSC TRY LANGUAGE COMPANY CONTRACTOR CONTRACT		₩	ь	₩	DATEDUE	ь	DATEINCURRED	9
	-	SUBTOTALS \$ 0.00		\$ 0.00	\$ 3,828.82	\$ 0.00		
						(Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period......\$ (Total Column (b) plus unitemized loans of less than \$100.)

Loans paid or forgiven this period\$ (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.) ۲

Enter the net here and on the Summary Page, Column A, Line 2. က်

*Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

(May be a negative number)

OTH – Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committee

(other than PTY or SCC)

IND – Individual COM – Recipient Committee

†Contributor Codes